Borck (82)

WITH THE COMPLIMENTS OF THE AUTHOR.

DISEASES

—OF THE—

MAXILLARY SINUS

—BY—

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DISEASES OF THE MAXILLARY SINUS.

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THE Antrum Highmorianum, was named after Nathaniel Highmore, a surgeon of Oxford, because he wrote on the surgical diseases of this cavity and published many useful hints, especially on fistula in 1651. The cavity however was well known by anatomists long before him, and understood of course at present; nevertheless, it is always well to recall to our memory the anatomy of any part, before studying the diseases thereof. I shall not take up time and space with its study, the reader is referred to any good anatomical work, but would say that the branches of the nerves and bloodvessels supplying, and the membrane lining this sinus deserve some attention, the latter on account of its secretion and susceptibility to congestion. A mucous discharge from any artificial opening from this cavity may be mistaken for pus and the patient subjected to unnecessary treatment; and again, some of the natural openings may be closed, and thereby a collection of mucous retained in this sinus, which may also be mistaken for an accumulation of pus, or an enlargement produced by such cause, for a more serious trouble.

Diseases of the antrum are more frequent, than is generally supposed, the most common is inflammation followed by suppuration; the causes of inflammation are various, it may be idiopathic in the first place, then develope and be succeeded by destruction of the surrounding parts, again it may be traumatic, as for instance: a penetrating or gunshot wound, which produces destruction and then inflammation, or it may be caused by a carious tooth, (the most frequent source of disease of the maxillary sinus), or by a fall or blow, or by necrosis of the alveolar process, etc., etc. The early symptoms of a simple idiopathic inflammation of the maxillary sinus is somewhat obscure and difficult to recognize before any external changes have taken place, though the symptoms are the same as in all other inflammations, hence the surgeon should be on his guard, and learn to diagnose and treat it early to prevent complications.

If a patient presents himself with all the symptoms of acute inflammation, but no external abnormalties, how are we to discriminate? An increase of all these symptoms and some externally developed manifestation may call our attention to the direct trouble at once. On the other hand, if the symptoms have already been lessened by treatment, or the acute stage has subsided spontaneously, when we first see the patient, and he is complaining of dull permanent pain in the region of the sinus, which

extend up to the eye, when pus is escaping from the nostrils, when the head is bent on the opposite side to that affected, as sometimes met with when blowing the nose mucous escapes, then it is not so difficult to know what is the matter. If in addition to this, the cheek be swollen, we should at once distinguish, whether the soft parts only are affected, or whether the maxillary bone is arched or swollen out, whether the inflammation is only external to the sinus or within its cavity. In the first the pain is exclusively external, in the second internal, and the touch is the best guide: external swelling is always more or less moveable, the tumefaction not so hard, while the swelling of the bone is always hard and not moveable. Again we may see a case with a swelling of the upper jaw like a tumor, this swelling may be fluid only, and communicate with the sinus; if decayed teeth are present, extract them at once, the fluid may escape and the tumor disappear, and thereby avoid giving an incorrect opinion.

The anterior walls of the sinus are very thin, therefore abscesses and fistulæ are easily produced and frequently met with; we also meet from time to time with patients who have had for years a fistulous opening upon the cheek, or below the eye, or in the roof of the mouth that communicates with the antrum, which may be cured by a counter opening into the sinus, after having resisted all other treatment.

In regard to the treatment it must be conducted upon general principles, both constitutional and local: first of all subdue the inflammation; second, if there is an accummulation of fluid or pus, establish an opening for its free evacuation. To do this we may select a point of necessity, that is a fistula, or any carious part of the maxillary bone, or by the extraction of any decayed teeth.

"*Let me here call attention to the precept of warming the forceps before using them to pull a tooth, by doing so, we will save the patient much pain and the disagreeable feeling of cold steel.*"

Or, we may be obliged to elect a point, for instance, where all the teeth and bone are sound, then the last molar should always be extracted and the perforation made there. However the crowns of the teeth may all appear sound, and notwithstanding the one or the other may be diseased on the point of their roots, this we may be able to know, by striking the teeth with a steel instrument, the diseased one will make itself known at once, by the sharp pain produced, then that one should be removed, and we often find pus following at once, caries having already destroyed the thin layer of bone over the root of the tooth. Sometimes the roots of all the molar teeth enter the cavity naturally and are only covered by the pituitary membrane; sometimes the roots of one only enter, generally the second molar. I had a specimen in my possession where all the roots of the molars and second bicuspid entered the sinus, and occasionally we may find the first bicuspid to do the same, and also

the canine tooth, if the roots are very oblique, but it is very rarely met with. But if the teeth are all sound and the patient objects to loosing one, an opening has to be made through the alveolar, and the best and easiest point to *elect* is a perpendicular line with the second molar, between its two anterior roots, making a transverse incision through the gum and periosteum as high up as the points of the roots, an opening here is very easy and quickly made with a dental drill and engine, if not at hand, any other method may do, the opening may be enlarged at pleasure. We may also meet with a case where but one decayed tooth has been extracted and the opening cannot be enlarged there, and there is not room enough for the complete evacuation, and the purulent discharge may persist, and we may be obliged to resort in addition to a side opening. In the memoir of Mons. Lamerier, a case is recorded where he was obliged to resort to this, the opening left by the tooth permitted air into the sinus, and the patient spoke like one whose palate was open, particles of food found their way into the cavity, and it took a long time to heal. This evil may now be remedied by plugging the hole temporarily with carbolized catgut and thereby save the patient that annoyance. To produce a cure after such an operation, injections of iodine, carbolic acid or other medicated fluids may be employed according to indications. I generally use a simple solution of luke-warm salt water. Injections into the antrum may also be attempted by the natural openings, but it is very difficult to accomplish. It is also advisable never to perforate through an old alveole where the teeth have been removed a long time, the bone is there too dense.

What other diseases do we meet with in this cavity? Polyps and fungous excrescences, the lining membrane of the maxillary sinus may give origin to, the same as in the nostrils. Hemorrhages may also occur into this cavity. Cystic, fibrous, cartilaginous tumors. Sarcomatous, carcinomatous tumors, atrophy and hypertrophy which involve more or less the whole maxillary bone.

Another complaint that deserves mentioning is neuralgia. Every practitioner meets with this no doubt, it occurs chiefly in old indentulous persons, it is caused by compression of some nerve in the atrophied alveolar process, and extends often into the sinus. Dr. Saml. D. Gross, I believe, first called attention to it. If general treatment fails, excision of the bone has to be resorted to. Most of the so-called neuralgic pains depend upon congestion of the lining membrane of the antrum, produced by some irritation.

In conclusion I will say, if the people could only apprehend the mischief a decayed tooth or root is capable of producing and the consequences that may follow, they certainly would not suffer and bear the pain as long as they do and thereby injure their health. Volumes might be written on this subject, but may these few remarks be sufficient, with the hopes, that they may benefit some one.

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